

1	Number of Resident Partners	_____	x \$150.00	= _____	
2	Number of Nonresident Partners with Physical Nexus to New Jersey	_____	x \$150.00	= _____	
3	Number of Nonresident Partners without Physical Nexus to New Jersey	_____	x \$150.00 x	<div style="border: 1px solid black; width: 150px; height: 40px; display: flex; align-items: center; justify-content: center;">             .           </div>	= _____
				Corporation Allocation Factor	
4	Total Filing Fee (Add Lines 1–3)	_____			

Carry the total from Line 4 to Line 1 of Form PART-200-T. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-200-T.

## PART-200-T

## 2003

**PARTNERSHIP TENTATIVE RETURN  
AND APPLICATION FOR EXTENSION OF TIME TO FILE**

For period beginning \_\_\_\_\_, 2003 and ending \_\_\_\_\_, 20\_\_\_\_

Federal Employer I.D. Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Make checks payable to: State of New Jersey – PART  
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**  
**PO Box 642**  
**Trenton, NJ 08646-0642**

1. Filing Fee (Line 4 of Filing Fee Schedule)
2. Installment Payment (Multiply Line 1 by .50)
3. Tentative Nonresident Noncorporate Partner Tax
4. Tentative Nonresident Corporate Partner Tax
5. Total Fee and Tax (Add Lines 1-4)
6. Less: Tax Paid on Behalf of Partnership
7. Less: Payment/Credit
8. Total Balance Due

[illegible]

023890000000000000000000003120800000000000